

**Medical Direction and Practice Board**  
**16-April-2008**  
**Minutes**

**In Attendance Members:** Tony Bock, Steve Diaz, Jonnathan Busko, Kevin Kendall, David Ettinger, Tim Pieh, Matt Sholl

**In Attendance Staff:** Jay Bradshaw (Director MEMS), Dawn Kinney, Jan Brinkman

**In Attendance Guests:** Ginny Brockway, Jeff Regis, Joanne LeBrun, Dan Batsie (Ed. Rep), Jim McKenney, Tim Beals (MEMS Board Rep), Joe LaHood, David White, Doris Laslie, Warren Waltz, Bill Zito, John Dietter, George Northrup, David Robie, Rick Petrie (Ops Rep)

<b>Topic</b>	<b>Discussion</b>	<b>Action(s)</b>
1) Introductions	None	None
2) February 2008 and March 2008 MDPB minutes	None	Motion by Sholl and second by Ettinger to accept February and March 2008 MDPB minutes—unanimous approval.
3) North Haven EMS	<p>Presentation by John Dietter on their EMS situation in North Haven. They are a BLS licensed service and permitted to the Intermediate level. They have an EMS crew of 2 EMT-I's, 5 EMT-B's and 5 first responders. They have a town-owned clinic where a physician and nurse practitioner both work. Their out of clinic EMS work flow is such that the EMS crews call the physician or NP for serious calls. 36 calls last year (30 medical and 6 trauma) resulted in 30 transports to the hospital with 5 cases with a physician transport and 6 with an NP transport. These transports were divided in the following way: 1 private lobster boat transport, 6 via ferry, 21 via fixed wing aircraft, and 2 via LOM. Their question to us today was how the physician and NP fit into the EMS structure if they were to respond as a member of the EMS team? Physicians can substitute for any member of an EMS team so no issue there (although if not accompanying patient to final destination, potential issue of anything that occurs enroute still the responsibility of the physician). The NP is a different issue, especially if she is an independent practitioner through the board of nursing. Physicians do not delegate authority to NPs and NPs do not delegate authority to EMS crews. The NP can function in her role as long as the patient she is treating is part of her panel of patients—this is similar to Islesboro who placed a sign at their ferry landing which states that any person on the island who requires medical services while on the island is a patient of the</p>	<p>Motion by Ettinger with second by Busko to have Diaz present this clarification to the MEMS board and that North Haven adopt signage similar to Islesboro at their landing to clarify their EMS system on the island—Diaz will bring this to the MEMS board. Beals asked if this is a waiver and the sense of this group is that it is not—simply a clarification of an interpretation.</p> <p>“All patients cared for by [name of NP] shall be considered patients of the practice of North Haven and Dr. [Northup?]. With their written permission, [name of NP] practice shall be considered in compliance with Maine EMS statutes. Patients should also be advised that [name of NP] is acting as an NP for the North Haven medical practice.”</p> <p>The MDPB would also recommend the town attorney be involved with this discussion especially given the long transport times and the delegation of some cases from a physician or NP to a less skilled EMS crew.</p>

	Islesboro clinic (or similar such language). After much discussion, the MDPB recommended that North Haven adopt the same signage to clarify their EMS system on the island.	
4) Legislature and Budget Update	The resolve which asked the AG office and DHHS to work together with Public Safety (MEMS et al) with MHA and Maine Fire Chief Association and Maine Ambulance Association also at the table is now a letter to do this work—some issues with the wording which could not be legally amended caused the resolve to be defeated. Annual EMS Awards at 2pm on May 20 at Hall of Flags in Augusta.	None
5) Narcotic Oversight and Medical Direction	Busko presented the concern from a recent NAEMSP discussion that ED physicians and medical directors hold separate DEA licenses for their EMS work. This may be a multiple DEA license issue for the medical director if EMS services are ordering their own narcotics. The reason for this is that an issue with a service which affects the DEA license would flow over to other practices that used that DEA license (such as a hospital ED). DEA in Boston told Busko that one could get a DEA number unique for each job unless being medical director is part of a hospital or practice duties. From a regional perspective, if medical oversight is providing said services based on the role as a regional medical director, then having a separate DEA number makes sense. Also, if a service medical director is providing narcotic oversight and this is not overlapping with clinic or hospital or other EMS duties, they should have a separate EMS number for that as well.. Question on the regional basis as to the concern if the service is not part of the regional council (EMS)—they are still under the regional system per statute.	None at this time, Busko will see if he can get more clarification—would recommend that regional medical direction activities do flow under a separate DEA number for those physicians.
6) OLMC Status	Disc just arrived for the revisions to the audio piece and Busko is going to tag it to the slides. Rollout planned during Maine ACEP lobster bake in June 2008. Also, the one day NAEMSP medical director course slated for Saturday October 11, 2008, at Dean Auditorium at MaineGeneral Medical Center in Waterville, Maine.	None
7) MEMS QI Update	Psychiatric work continuing and airway PI awaiting final data for Regis and Diaz to then craft article on our Airway PI	None
8) Ed Comm Update	Education/Operations met jointly last month and meeting next month to tackle course approval discussion.	None
9) Ops Comm Update	Same as with Education but also	None

	discussed updating licensing program and in discussions with Visionware; EMSC report; National Registry Issues; update from Investigations, Exam and TAC; AED group purchase contract expired 3/31/08 and a renewal contract is still pending; 25 AEDs out to schools; protocol discussions; escape hood distribution; and grant presentation from Ben Woodward on MEMSRR	
10) CPAP Requests and Update	Three more requests for participation in the pilot project: Peninsula Ambulance in Blue Hill, North Yarmouth EMS, and County Ambulance in Region 4. Also, request if we could create a process for allowing other services to come on line here in a more expedited manner given the July 1, 2008, go live date for the protocol update.	<p>Motion by Ettinger with second by Sholl to approve Peninsula Ambulance in Blue Hill, North Yarmouth EMS, and County Ambulance in Region 4 as part of CPAP pilot project.</p> <p>Motion by Busko with second by Ettinger to allow services to contact Dan Batsie if they wish to join the CPAP pilot program and Batsie approved applicants forwarded to Diaz for approval so that requesting services can train and use CPAP.</p>
11) Specialty Programming	Busko requested Specialty program update—still up for discussion in Education and Operations	None
<p><b>12) Next Meeting May 21—here is the schedule for May 21, 2008 at MEMS</b>  <b>MDPB 9:30-11:30 am</b>  <b>Disaster Medicine 11:30 am – 1:30 pm</b>  <b>MEMS QI 1:30 – 3:00 pm</b>  <b>HART 3:00- 5:00 pm</b></p> <p><b>Annual EMS Awards at 2pm on May 20 at Hall of Flags in Augusta</b></p>		